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PTO/SB/01 (10-00)  
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<b>COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY</b>		<b>Attorney Docket Number</b> 9-13528-137US
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		<b>First Named Inventor</b> Simpson, Valerie A.
		<b>Complete if known</b>
		Application Number
		Filing Date
		Group Art Unit
		Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**OSPF BACKUP INTERFACE**

the specification of which

☒ is attached hereto.

OR

☐ was filed on \_\_\_\_\_  
(mm/dd/yyyy)

as United States Application Number or PCT International Application Number

and was amended on \_\_\_\_\_ (if applicable).  
(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

COMBINED DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY



I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(s) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**  
**SWABEY OGILVY RENAULT**



**020988**

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Direct all correspondence to:



**020988**

PATENT AND TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of sole or First Inventor:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Valerie A.**

**Simpson**

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

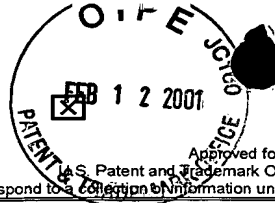
Residence: City Stittsville State Ontario Country Canada Citizenship Canadian

Post Office Address 3 Springwood Circle

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☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> <b>Page <u>1</u> of <u>1</u></b>
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<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name <b>Dwight D.</b>					Family Name or Surname <b>Jamieson</b>				
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<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature					Date <b>Jan. 25, 2001</b>				
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<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name					Family Name or Surname				
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Mailing Address									
Mailing Address									
City		Province or State		Postal Code Or Zip		Country			
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name					Family Name or Surname				
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Mailing Address									
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